2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # 734939** 1. Entity Name LAGUNA CLUB EAST CONDOMINIUM, INC. 03-23-2000 90044 050 \*\*\*\*61.25 Principal Place of Business Mailing Address 920 N.W. 197TH AVENUE MIANU PL 33192-3881 320 N.W. 107TH AVENUE MIAMI FL 33172 044011 2. Principal Place of Business 3. Mailing Address MGMT 0/0 UnlimitED Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 440067 O BOK Applied For City & State City & State 4. FEI Number 59-1647141 Not Applicable AM! Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Esmella HEVEDIA ss (P.O. Box Number is Not Accer PADRON, ALEREBO. TSTS VAN LEGEN MAMLEL-29425 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. agent and title if a (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. UP ID Change : Addition TITLE œ ☐ Delete TITLE NAME CASTILLO, ANABEL NAME STREET ADDRESS STREET ADDRESS 250 NW 107 AVE #107 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33172 VPD** TITLE Change Addition TITLE Delete CAMARA, LAZARO NAME NAME STREET ADDRESS STREET ADDRESS 260 NW 107 AVE #102 CITY-ST-ZIP CITY-ST-7IF MIAMI FL 33172 PID 🛣 Change ☐ Addition □ Delete TITLE TITLE HEREDIA, ESTRELLA NAME NAME STREET ADDRESS STREET ADDRESS 240 NW 107 AVE #102 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 ☐ Change ☐ Addition SD Delete TITLE TITLE NAME MONTALVO, PEDRO A NAME STREET ADDRESS STREET ADDRESS 300 NW 107 AVE #208 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 TD ☐ Change **Addition** TITLE Delete TITLE <del>Montalvo, Pedr</del>o A NAME **EVOL67** NAME Enrique STREET ADDRESS 300 NW 107 AVE #208 STREET ADDRESS 601 107 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33172 Change Addition ☐ Delete TiTl F TITLE NAME NAME STREET ADDRESS STREET ADDRESS lat ct CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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